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PTO/SB/Z1 (09-04)

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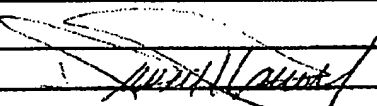
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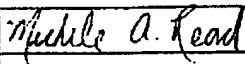
<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/940,554
	Filing Date	August 27, 2001
	First Named Inventor	Per Eld Ibsen
	Art Unit	2638
	Examiner Name	David C. Payne
	Attorney Docket Number	01485.0005-US-01
Total Number of Pages in This Submission		17

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> (in duplicate - 2 pgs.) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (14 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Reply to Missing Parts <input type="checkbox"/> under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Altera Law Group, LLC		
Signature			
Printed name	David H. Carroll		
Date	November 10, 2005	Reg. No.	29,903

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Michele A. Read	Date	November 10, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

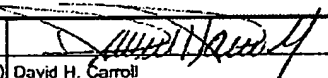
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 09/940,554 Filing Date August 27, 2001 First Named Inventor Per Eld Ibsen Examiner Name David C. Payne Art Unit 2638 Attorney Docket No. 01485.0005-US-01	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	300	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1038</u> Deposit Account Name: <u>Altera Law Group, LLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b> Small Entity		<b>SEARCH FEES</b> Small Entity		<b>EXAMINATION FEES</b> Small Entity		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>						<b>Multiple Dependent Claims</b>	
<b>Extra Claims</b>						<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
28 - 20 or HP = 0 x 25 = 0							
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>						<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
7 - 3 or HP = 3 x 100 = 300							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
100 - 100 = 0		150 / 50 = 3		(round up to a whole number) x			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>		
Signature 	Registration No. 29,903 (Attorney/Agent)	Telephone (952) 253-4135
Name (Print/Type) David H. Carroll		Date November 10, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APPLICATION SERIAL NO. 09/940,554

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Per Eld Ibsen, et al. Examiner: David C. Payne  
Serial No.: 09/940554 Group Art Unit: 2638  
Filed: August 27, 2001 Docket No.: 01485.0005-US-01  
Title: WAVELENGTH DIVISION MULTIPLEXED DEVICE

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE  
U.S. PATENT AND TRADEMARK OFFICE, FAX NO. (571) 273-8300 NOVEMBER 10, 2005.

MICHELE A. READ  
NAME OF PERSON SIGNING THIS CERTIFICATE

Michele A. Read  
SIGNATURE

REPLY TO NON-FINAL OFFICE ACTION UNDER 37 C.F.R. §1.111

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Reply is submitted in response to the non-final Office Action dated August 10, 2005, setting a three month shortened statutory period for response that expires on November 10, 2005. Amendments to the claims are reflected in the listing of claims that begins on page 2. Remarks begin on page 10. This Reply contains no amendments to the specification or drawings. Further examination and reconsideration respectfully are requested.

11/14/2005 SFELEKE1 00000014 501038 09940554

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Page 1

Docket Number: 01870.0001-US-01  
Response to Office Action of 08/10/2005